

Gender, Power and Multi-partner Sex Implications for Dual Method Use in Ghana

Lakshmi Goparaju, Ph.D.
Dela Afenyadu, B.Sc.
Adia Benton, M.P.H.
Victoria Wells, M.D., Dr.P.H.
Gifty Alema-Mensah, M.P.H.

February 2003



1400 16th Street, NW, Suite 100
Washington, DC 20036 USA
Ph: 202-667-1142 Fax: 202-332-4496
cmail@cedpa.org • www.cedpa.org

Executive Summary

Gender power differentials play an important role in male-female sexual relationships in adopting dual protection strategies—particularly dual methods. To be able to discuss possibilities of multiple partners and prevention of pregnancy and disease, both partners need to be able to communicate with equal power and respect for each other's health. This research focuses on men's and women's perspectives regarding dual method use, based on focus group discussions with adolescents and young women and men in Dodowa, Ghana.

Both male and female discussants recognize the social context of multiple partner sex and the need for dual protection. However, they are angry, upset and afraid to consider adopting it. Often, men are unwilling to adopt dual methods even when they would otherwise use condoms. When they are willing, they want to limit condom use to only certain situations.

Further complicating and underlining the effects of the gendered power differentials is the central issue of trust. Acknowledging other partners introduces distrust into sexual relationships, thereby hampering efforts to adopt dual methods. Such situations require more than knowledge, access, and affordability, the usual foci of programs to enhance contraception/condom use.

Major findings of the research include:

- Men use condoms for their own protection but not for their partners' protection.
- Men often refuse to use condoms with regular partners.
- Men do not like women providing condoms in short-term relationships, although they do not mind using them in such relationships.
- Even those men who are determined to use condoms do not use them consistently.
- Introduction of dual methods for dual protection introduces distrust into sexual relationships.
- Men and women lie about their other partners.

Encouraging mutual respect and responsibility between partners has to be the cornerstone of dual protection programs. In HIV prevention and family planning programs that focus on dual protection, public health practitioners should work with the aim of changing gender norms, in addition to providing knowledge and access. To foster an equitable environment, men and women need to be encouraged to acknowledge the realities of their sexual relationships and address the issue of multi-partner sex from a prevention standpoint.

Integrating gender concerns into dual protection efforts and working towards a balance of power in sexual/gender relationships should be the driving force in dual protection programs. These elements will be vital for program success.

Table of Contents

Executive Summary	ii
Table of Contents	iv
Acknowledgements	v
Introduction	2
Background	3
Research Methodology	4
Nature of Sexual Activity	6
Sex for ‘Hospitality’	7
Sex between teachers and students	9
Condom use: Not with regular partners	10
Knowledge, Access, Affordability and Intention: Yet not Enough	12
Dual Protection Through Dual Methods:	
Male Unwillingness and Female Fear	14
Discussion: Gender, Power and Multi-partner Sex	17
Conclusions	17
Recommendations	18
References	20

Acknowledgements

We gratefully acknowledge comments on previous versions of this paper from Mari Clark, Anne Eckman, Cynthia Green, Mary Kincaid and Cynthia Waszak. Thanks to Eleanor Ohene and Irene Adanusa of the Ghana National Association of Teachers, and Kwasi Amenuvor of CEDPA/Ghana for facilitating the logistics of the research. Our effort to pay attention to gender has been made possible by funding and other support from USAID through the ENABLE project.

INTRODUCTION

If she is my regular partner and she is on the pill, I won't use the condom because all this while she has been on the pill and nothing happened. I won't agree. No reason will convince me.

(male focus group participant)

Adoption of strategies for dual protection is gaining support and momentum from various organizations, including the International Planned Parenthood Federation and the World Health Organization (Cates and Spielier 2001; WHO/UNAIDS/UNFPA 2000; IPPF 2000). Dual protection, defined as simultaneous protection from both pregnancy and STIs/HIV, can be achieved through one of the following four strategies: use of a condom alone; use of condom along with another method of contraception (referred to as “dual methods” in this paper); abstinence; or avoidance of all types of penetrative sex (Spielier 2000). While many agree that public health campaigns should target all women at risk and challenge men's lack of awareness of risk to themselves and their partners (Berer 1997), many also recognized that gender-related power differentials between men and women, among other social factors in confluence with gender, affect the adoption of dual protection through dual methods (Cates and Spielier 2001; Woodsong and Koo 1999).

Research conducted during the 1990s in the wake of the AIDS epidemic has highlighted women's inability to negotiate for protection against HIV and pregnancy. For example, British women reported that, in order to get their male partners to use condoms, they lied about their current use of oral contraceptives (Thomson and Holland 1994). Other women in various countries, who may lack the personal agency required for such a “strategy,” reported that they do not request condom use because they would be perceived as questioning their husbands' fidelity, an act that could endanger their physical safety and family stability (Gupta and Weiss 1993). In sub-Saharan Africa, adolescent girls involved in sexual relationships with older men “have little power to discuss or negotiate safe sexual practices, specifically condom use and sexual activities, or to control the use of violence” (Luke and Kurz 2002). Further complicating and underlining the effects of the gendered power differentials is the central issue of trust. Even when men and women recognize the need for dual methods, acknowledging that their partners may have (or have had) other relationships introduces distrust into sexual relationships, thereby hampering efforts to adopt dual methods (Woodson and Koo 1999). Such situations require more than knowledge, access, and affordability, the usual foci of programs to enhance

contraception/condom use. In this paper we attempt to show how gender power differentials could affect and complicate decisions to use dual methods.

In May 2001, the Centre for Development and Population Activities (CEDPA) conducted a baseline study and formative research to assess the sexual and reproductive health (SRH) needs of adolescents and teachers in Dodowa, Ghana (Afenyadu and Gopraraju 2001) as part of a collaborative project with the Ghana National Association of Teachers (GNAT). Part of the baseline study focused on understanding the barriers to and feasibility of promoting dual methods for dual protection. In focus group discussions (FGDs) the (first and second) authors asked men and women whether they think there is need for dual protection in general. Women were asked to talk about whether they could ask their male partners to use condoms in addition to a female-controlled contraceptive method. Men were asked to discuss how they would feel if their female partners asked them to use condoms in addition to a female-controlled method. (These questions were adapted from Woodsong and Koo 1999.)

In general, both men and women agreed that there is a need for dual protection because multiple-partner sex is common. They also justified dual methods to protect against method failure. They said that it is better to spend money (even on two methods such as the pill and condom) rather than have unwanted pregnancy or disease. However, although the need is recognized, men were often unwilling to transform that recognition into action. When they were willing, they wanted to limit dual method use to certain situations such as short-term or casual relationships, or at the beginning of new relationships. Women expressed their inability to insist on dual method use and said they often seek indirect ways to adopt it. This paper describes the social contexts in which adolescent and youth sexual activity takes place, the nature of such activity, the ability of individual actors to adopt dual protection and the barriers they face. Further, it presents men and women's perspectives on using dual methods and discusses their implications for gender power relations and for programs that promote dual protection through dual methods.

BACKGROUND

In Ghana, most women will not practice family planning without the permission of their husbands (Greenstreet 1990 cited in BRIDGE 1994). Sexual partners seldom communicate about family planning. As in many cultures, multiple-partner sex by men is considered normal, but women face social sanctions for the same behavior. Sexual relationships between men and women are often driven by poverty, not only among prostitutes but also low-paid office workers and schoolgirls (Awusabo-Asare et al. 1993 cited in BRIDGE 1994). A study of single women aged 18-25 in Cape Coast, Ghana (Ankomah 1998 cited in BRIDGE 1994) found that women engage in premarital sex mostly in exchange for material goods, e.g., money, food or clothing.

Earlier research in the Navrongo project areas of northern Ghana has suggested that the introduction and availability of contraceptive services causes tension in gender relations. Men suspect that women using contraception could have other partners and do not hesitate to punish them with severe consequences, ranging from beatings to divorce. Women who want to use contraception to limit or space births constantly worry about reprisal if they use contraception (Bawah et al 1999). In this context, it is important to understand how men and women respond to the introduction of dual protection in Ghana, especially when it involves condom use and another method.

According to the Ghana Demographic and Health Survey (GSS and MI 1999) conducted in 1998, knowledge of family planning is very high in Ghana, with 93% of currently married women reporting knowledge of at least one modern method. However, although one out of two women reported ever using contraception, only 22% reported current use. Nine percent of the women and 12% of the men reported using periodic abstinence and withdrawal. The most widely used female method was the pill (4%), followed by injectables (3%).

Further, the DHS 1993 and 1998 studies reported large gaps between men and women's reported use of condoms. In 1993, 2.2 percent of the women reported using condoms, compared with 10.4 percent of the men (Blanc and Grey 2000). In 1998, women's condom use rate was 2.7 percent while men's was 8.2 percent. It has been suggested that the difference may be attributed to men using condoms with women who are not their long-term partners or that women are underreporting condom use (Becker et al. 2000 cited in Blanc and Grey 2000).

Dodowa, where the CEDPA/GNAT project is implemented, is located about 50 kilometers from the national capital, Accra. Dodowa is the district capital of the Dangbe West District of the Greater Accra Region. Unemployment rates are reportedly high. All the out-of-school adolescents who participated in the focus group discussions expressed greater concern about unemployment than about reproductive health-related problems such as pregnancy and abortion among young girls. Young people do not have many opportunities for careers or career counseling. Dodowa, which has a population estimated at about 7,000, has a health center, a midwifery clinic, three pharmacy shops and traditional herbalists.

RESEARCH METHODOLOGY

The dual protection research was part of a larger baseline study for the ENABLE (CEDPA/Ghana) and GNAT collaborative project, to assess the sexual and reproductive health needs of adolescents and teachers. In addition to focus group discussions, Participatory Learning and Action (PLA) strategies such as scoring and ranking and surveys with different stakeholders—in-school adolescents, out-of-school adolescents/youth, and teachers—were used to conduct the research. This paper draws upon the qualitative data from the focus group

discussions. To understand the feasibility and barriers to dual protection, the focus group discussions (FGDs) focused on condom use, communication between partners, and reactions to the idea of using dual protection; data on sexual behaviors, partners, attitudes and knowledge were also collected.

Altogether 11 focus group discussions were conducted with different stakeholders: in-school adolescents, out-of-school adolescents, trained teachers, and former National Service Scheme (NSS) male teachers—often referred to as NSS men in this paper.¹ Eighty men and women participated in these focus groups (Table 1).

Table 1: Details of Focus Group Discussions and Participants

Category	Total Number of Participants	Male	Female	Age Group	Number of FGDs	
					Male	Female
In-school Adolescents	47	14	33	14-18	2	4
Out-of-school adolescents/youth	14	6	8	15-22	1	1
Trained Teachers	12	6	6	23-36	1	1
Former National Service Scheme (NSS) teachers	7	7	0	22-30	1	
Total	80	33	47		5	6

Focus group discussions with the in-school students were conducted within their school campuses during school hours with permission from the school headmasters. All the other focus groups were conducted in vacant classrooms of a primary school in Dodowa and were organized by local GNAT members. In all groups, verbal informed consent was obtained from the participants at the beginning of the discussions. All the groups were single-sex groups. All the participants were unmarried except for one male and two female teachers.

A female researcher from CEDPA/Washington, DC, and a male research consultant from Accra designed the research and moderated the focus group discussions. The research design was an iterative process that was refined in the field based on data collected in FGDs, problems encountered, etc. For example, during the planning stage, it was decided that only Senior Secondary School (SSS) students would be included for the in-school category. However, after some focus group discussions with the students, we learned that several girls

¹ Ghana's National Service Scheme requires all university and technical institution graduates and GCE A-level certificate holders and diplomats to serve for two years in areas such as public service, education, and industry.

and boys usually become sexually active at the JSS level. Based on this knowledge, we decided to include the JSS students in our research, and they participated in both the focus group discussions and the survey. Their participation contributed valuable information and revealed an important target group for the project.

GNAT recruited male and female teachers and students from the SSS and JSS in Dodowa; youth who were currently not in school due to drop-outs or completion of high school diplomas (referred to as “out-of-school youth” in this paper) were chosen from among available young people in the area. Out-of-school women in the focus group discussion had a minimum of JSS education, while the out-of-school men had either dropped out of school or had completed high school diplomas and were looking for work. For any given grade, the age range of students was wide because students from rural remote areas often begin formal education at later ages; it was not uncommon to find a senior in high school as old as twenty-four years. Most of the students stay in the school’s boarding facilities. Focus group discussions were conducted with both boarders and day schoolers.

FGDs were conducted in English; a few times, assistant interpreters aided in translation. The discussions were tape-recorded and later transcribed verbatim. The transcripts were coded manually according to emerging themes and were analyzed.

NATURE OF SEXUAL ACTIVITY

Adolescents² of Dodowa become sexually active at a young age. According to the focus group discussions, girls become sexually active as early as 12 or 13 years while boys do so at 14 or 15 years. Adolescent boys reported that their partners are usually girls of their own age group, often their study-mates in the case of students, whereas adolescent girls reported that their partners include men of various ages as well as adolescent boys of their own age group. While the older men provide financial support, the younger men could be teachers in their schools or men whom they met outside school and with whom they have casual sex in exchange for small favors. The adolescent boys of their own age group are their romantic partners, whom they call *boy lovers*. Many of the sexually active female adolescents have a combination of these partners at any given time.

Women, both in school and out-of-school, have different reasons for having sex with different partners. They have sex with “sponsors” for money, which they may use to pay their school tuition or for other needs. In the case of in-school adolescents, teachers and school administrators pressure girls for sex; in some cases girls use sex to obtain academic or administrative favors.

² We have used the terms adolescents/young men and women, interchangeably with “boys” and “girls,” taking into account the range of ages for out-of-school youth and female and male students.

We have sex with sponsors for money. And we have sex with our boy lovers because we are in love with them.

(Young woman, out-of-school)

As in other societies too (Silberschmidt and Rasch 2001; Ankomah 1998), in Dodowa, men reported that sexual pleasure plays a major role in their decisions to have sex, while women said that other reasons play a major role in theirs.

Women have sex for financial reasons. Maybe you need something and your parents cannot afford that, so maybe this guy will tell you “I will give you this if you agree to have sex” and because you need the thing you will do it.

(Young woman, out-of-school)

Sex for ‘Hospitality’

Both men and women are aware that men have to spend some money on their girl friends. The amount spent ranges from simple hospitality to total support. Some adolescent females, both in school and out-of-school, said that they have had and would have sex for financial reasons.

[My] parents do not provide. If a man provides and proposes, I will give sex to him and get what I want.

(Female student)

If a man calls you, talks to you and gives you ten thousand cedis (10,000 Ghanaian cedis; about \$1.50), the next time he calls you, you will go.

(Female student)

Adolescent girls reported that they sought out businessmen for sex as they have more money and that it is easy to identify them, as “businessmen often wear gentle dresses (suits) and hold traveling bags.” Girls used the money that they received to buy shoes and dresses.

Out-of-school young women said that it is common for women of their age group to have many partners, because of money. They said that it is acceptable for a woman to drop her boyfriend for someone who has more money. They also said that in some cases, when a woman’s boyfriend does not have money to support her, she could find a sponsor. In such cases, she never tells the sponsor that she has a boyfriend, and most times she does not tell her boyfriend about her other relationships.

If the man she loves cannot sponsor her, she will find another man who can sponsor her but also continue her relationship with her lover.

(Young woman, out-of-school)

Boy lovers who do not have money sometimes encourage the women to find sponsors and take money from them, but not to give in sexually. However, women reported that they have learned from experience that the sponsors do not let them get away without sex.

Both the young women and men do not see this exchange of sex for money as prostitution. According to the young women, prostitutes “chase” men, while they do not.

Prostitutes know that it is their work so they have to be always there...a prostitute could take ten partners in a day but [if] you are not a prostitute you cannot do that.

(Young woman, out-of-school)

Out-of-school young women said that they hid their sexual relationships from their parents unless they became pregnant and could not abort. Female teachers and some in-school female adolescents said that some parents encourage their out-of-school daughters to get into sexual relationships so that they can earn money, but according to the out-of-school young women, this is not true. They say that their parents warn them against such relationships, even for those who are already mothers, and encourage them to work for pay.

Casual sex is a major part of sexual activities of adolescents and young people in Dodowa. Local pharmacy shops reported that they sell out of condoms on the days of dance parties, where a lot of casual sexual encounters take place. Young men and women both reported that they go out with strangers on such occasions and have sex. Most sexual relationships are either casual or short-lived in nature, including encounters between teachers and students and between sponsors and adolescent females. There is money involved in casual sex between young men and women, but the amount usually is very little. The NSS men said they spend some money on things like soft drinks. Sometimes it is just a small amount of money to buy entry tickets to dance parties, “jams and record dance.”

I don't call it [financial] support but only hospitality. Like buying a soft drink.

(Former NSS male teacher)

The guy will pay your gate fees [to a dance party], and at the end of the day you have to sleep with him.

(Young woman, out-of-school)

When men pay you for sex, if you get pregnant they refuse to support the child saying they have already paid you money for sex.

(Young woman, out-of-school)

Sex between Teachers and Students

According to the students and teachers, sexual relationships between teachers and students are common in Dodowa schools, and also other places in Ghana, from the primary to the SSS levels. Male National Service Scheme (NSS) personnel who are posted as short-term teachers, young regular teachers, headmasters, administrative staff and older teachers, roughly in that order, have sexual relationships with female students. Of all school personnel, the NSS male teachers received most of the blame; students, NSS teachers and regular teachers were all aware of these relationships.

In such relationships, male teachers and administrators make sexual advances towards female students; some male teachers would go as far as to call the girl students to their homes during the weekends requesting their help with chores (such as washing clothes) and then make sexual advances. Some of the NSS personnel, including some former teachers, described in detail their intentions and modus operandi.

I was involved in the game and I was also a promoter. I promoted many girls [to have sex with my friends]. I lost count [of] how many I “pushed” like that. There were 18 of us in the National Service at that time, and we helped each other.

(Former NSS male teacher)

It was like a game in the whole school, even [with] the trained teachers...[to see] who gets highest scores.

(Former NSS male teacher)

...I offered [to give higher] marks and [to reveal] questions given in the examinations... I had had sex with three women—all students in SSS...

(Former NSS male teacher)

According to the NSS men, girls also competed for teachers' attention and enjoyed it. Other teachers—both male and female—supported this view.

Some of the girls also try to attract teachers. For some [of them] it is a source of pride and others do so for marks.

(Male regular teacher)

According to female students, coercion was also at work at times. If girls did not agree to have sex, they were coerced or their lives were made difficult in class. Students did not know whether there are rules against teachers having sex with students, but they strongly felt that if there were, school authorities would not enforce them.

Condom Use: Not with Regular Partners

Most of the FGD participants, both girls/women and boys/men, knew several contraceptive methods, particularly condoms, and many reported using them. Some adolescents knew only about the condom but no other contraceptives. Many women were aware of the safe-period and men were aware of withdrawal, but most did not know the timing of the safe period method correctly. Some women were aware of oral contraceptives and a vaginal jelly sold in the local pharmacies, but these were not reported as used by the FGD participants. Despite the general awareness about contraceptives, however, there were some misconceptions. For example, a few men reported that their girlfriends drink Fanta (orange soda) after intercourse to avoid pregnancy.

In FGDs, several men reported using condoms with their non-regular partners. If such partners became regular partners, they stopped using condoms. Also, men reported that they would use condoms with partners whom they do not know well, at least for the first few times. More importantly, young men reported that they advise each other to use condoms. A former NSS teacher who reported having sex with three women students said:

We are a group of guys [friends] who tell each other to use condoms. Girls also ask for condoms.

(Former NSS male teacher)

While it is important and interesting to note that male peers advise each other about the need for using condoms, this caution does not always translate into practice. Despite thinking and talking about condom use, the former teacher said that he did not use condoms every time he had had sex. He explained:

I asked them [the three female students] whether they had had any affairs. I used condoms with two of them. The third woman was difficult to handle, she kept changing her mind, so when she finally agreed, there was no time to go and get a condom, so I had sex with her without a condom...

(Former NSS male teacher)

Several other men who intended to use condoms reported that they did not use them when it happened “suddenly,” was “not planned,” or they “did not expect the partner [to visit] at that time” and so on. These examples show that even when men are aware of the need for condom use, actual use depends on many other factors, including their partner’s availability and preparedness to have sex.

Female regular partners also have unprotected sex, simply for the reason that they are regular partners. Many men said that they want to use condoms with non-regular partners but not with regular partners. A former NSS teacher has a regular partner whom he intends to marry. They have been in a sexual relationship for two years and rely on safe period to avoid pregnancy; below he discusses sexual encounters with non-regular partners:

I always use condoms because I do not trust them, because sex is part of their entertainment, because they are chasing me. [Even when the women complained] I always had the upper hand.

He said he would not agree if his partner of two years demanded condom use:

...because she is my regular partner. I trust her.

According to the out-of-school young women and male students, young men use condoms in casual relationships; older men are not as willing to use condoms. Men who said they would use condoms with their non-regular partners, however, did not approve of the idea of a woman carrying a condom and asking her partner to use it.

If she carries condoms around, she must be a whore.
(Male student)

These data suggest that men are concerned with protecting themselves and trusting their women partners, but that they do not express similar concern about protecting their female partners and being trusted by their female partners. From the men’s perspective, if they want to protect themselves, condom use is necessary with women who have had other partners. Protecting the (female) partner does not merit consideration:

During the first time we usually use a condom but when we realize that the woman is a virgin, there is no need to use a condom.

(Former NSS male teacher)

These data suggest that no matter what type of partner—regular or non-regular — the male always makes the decision to use (or not use) condoms.

KNOWLEDGE, ACCESS, AFFORDABILITY AND INTENTION: YET NOT ENOUGH

For men and women, knowledge about preventive methods, intention to use them, and having access and money to buy the supplies are insufficient preconditions for adoption of contraception or disease prevention methods. There are several barriers within the social environment that prevent them from doing so, even more so in case of adolescents, and particularly women. In an environment in which they are expected not to have sex it is “not easy” to buy condoms. When contraceptive matters are not commonly discussed, even for married adults, it is difficult to approach a salesperson and ask for condoms or dispose of used condoms. Furthermore, women are at a particular disadvantage due to gender norms that accord the decision-making power in sexual relationships to men, even when the greatest issues are women’s bodies and safety.

We asked the female adolescents what they would do if men refused to use condoms. Often, they did not know what to do, and acknowledged that they could not do much if men refused to use condoms. They also told us that they could not refuse sex just because men refused to use condoms.

Some men will beat you up if you refuse [to have sex without a condom].

(Young woman, out-of-school)

Some [men] will rape you.

(Young woman, out-of-school)

I will accept, for him, to do it without the condom.

(Female student)

The man may stop buying things for you.

(Female student)

Some women also pointed out that at times men deceived them by saying they would use condoms, but later did not use them. Men said they would pressure women to have sex without a condom by saying things like “you will do it if you really love me.”

In decisionmaking for condom use, marked power differentials in sexual relationships and economic dependence supersede women’s knowledge of risk in unprotected sex. A

woman described how she failed to convince her partner to use condoms at different times in different contexts. Her first encounter with him was for money; she asked him to use condoms but he refused. She had sex with him anyway, since she needed money to buy sewing materials for her apprenticeship. She got pregnant and gave birth. He supported her and the child; she continued her relationship with him and eventually gave birth a second time. Then she learned that he was “chasing” other women. She tried to reason with him about STIs and HIV and begged him to use condoms, but he refused to do so, although he uses condoms with other partners.

He told me he will use condoms with his girlfriends but not with me... I saw condom packets at his place, so I assume he uses them with others. He says he is faithful to me. He also doesn't want me to use any other contraceptives such

as injection or pill.

(Young woman, out-of-school)

The word “faithful” does not seem to be used here in the sense that he only has one sexual partner, but in the sense that he is committed to being involved in a long-term relationship with her.

According to the men in the study, women with some education and a higher socio-economic status ask that condoms be used, but “those from lower class, they don't bother whether condom or no condom.” This comment suggests that, in some negotiations for dual method use, a power differential between women of different social classes exists.

In the focus group discussions, we tried to find out what young people talk about with their partners. In short-term relationships, or at the beginning of new relationships, romance is a major part of the conversations. Young men said that they say anything that women want to hear—about “love,” about “castles that they would build” for her, and so on. In short-term relationships, the focus is on the immediate benefits, such as having sex, or receiving money or grades.

The man has to know what the lady wants and by providing that, you win. So that's all you talk about and you assure the lady that you are [the] best. If she wants money, you let her know that you are the best bidder. If it's fame [that she wants], [tell her] yes, you are capable; so we chart along that line.

(Former NSS male teacher)

Both female and male participants say that conversations with their short-term partners usually do not include contraception and disease prevention; such discussions are possible only in long-term relationships. Conversations about disease prevention are hard to initiate as they might introduce distrust and suspicion. The next section describes men and women's reactions to the idea of using dual methods for protection from pregnancy and disease.

DUAL PROTECTION THROUGH DUAL METHODS: MALE UNWILLINGNESS AND FEMALE FEAR

In general, men reacted angrily to the suggestion that their women partners who were already using a female-controlled method would ask them to use condoms. They said they would immediately suspect that the woman was involved in other relationships. They were angry that the women would "suspect" them of having other partners when they, in fact, did have multiple relationships. Men said that they would not mind being asked to use condoms during the first intercourse when the partners still do not know each other well. But later on, particularly in long-term relationships, the same request from a woman could cause anger, suspicion and mistrust.

If it is not the first time, I will be suspicious.
(Male student)

I will feel she does not trust me, and that she is hiding something from me; maybe she has another boyfriend.
(Male student)

I will think that she does not trust me. If she mistrusts me, I have to end the relationship. I will take it as she is trying to find ways and means to avoid me and end our relationship.
(Male student)

If she is using pills, she won't get pregnant. So she could see some one else too, and she may be afraid that if she gets some disease she might pass it on to me and so wants me to use condoms. Or, she thinks that I have sex with others, and so is afraid to have sex with me without condoms...it means there is no real love between us.
(Former NSS male teacher)

If I don't have any other affairs, I will not use dual methods. There is no need to use the condom because I know I don't have anybody else.
(Male regular teacher)

Men have different combinations of rules and conditions--which at times are contradictory--about the type and stage of relationships in which it is acceptable for women to ask for dual methods, provide condoms, or not do so. They were not tolerant of the women carrying condoms and asking men to use them in short-term relationships. If women provide condoms in short-term relationships, they are seen as prostitutes or “whores,” but it is okay to do so in long-term relationships. Although women could ask for dual methods in short-term relationships, they are not supposed to do so in long-term relationships. In other words, when women are allowed to ask for condom use, they are not allowed to provide condoms; when they are allowed to provide condoms, they are not allowed to ask for condom use. Such conditions preclude women’s participation in sexual decision-making with regard to dual methods.

You should know that this is what she does. She might be a whore.

(Male regular teacher)

As in the case of condom use, men were willing to use dual methods with their non-regular partners but not with regular partners.

I will not agree if she is my regular partner.

(Male student)

If it is not the first time and she insists [on dual methods] I will think she is up to something.

(Male regular teacher)

We asked the men what they would do if women, too, were willing to use dual methods/condoms only with non-regular partners but not with regular partners just as the men. This suggestion made the men speechless with anger. Once they recovered, they did not try to hide their annoyance.

No woman will dare to even suggest that...she won’t say that unless she is a whore.

(Former NSS male teacher)

I will kick her out.

(Former NSS male teacher)

Men argued that it is “natural” for them to have multiple female partners; men are “polygamous by nature.” They added that there are more women than men in the world, and if men do not take multiple partners some women will be left without any partners. There was

one interesting difference, though: while the SSS adolescent men, NSS men, and male teachers reacted angrily to the suggestion of using dual methods, some of the out-of-school young men said they would understand women's concerns and would be willing to adopt dual methods. While in other men's groups all men expressed anger, only some did so in the out-of-school men's group. Perhaps the explanation for this difference lies in the fact that they are unemployed and out of school, and are sometimes financially dependent on their *girl lovers*.

Women should ask “nicely”

Women said that some men, but not all, would understand and accept their request to use dual methods. In general, they said, men get angry and suspect women of infidelity.

He will say no. He will say you are already protecting yourself from pregnancy so he won't use a condom.

(Young woman, out-of-school)

If you tell him you are using a birth control method but you still want him to use the condom, he will be furious because he will feel you don't trust him. You may rather say that you don't trust the pill or you want some change and he will feel more at home. You have to ask nicely.

(Female regular teacher)

We also asked the women how they would react if men proposed the use of dual methods. Just like men, women also said that they would suspect that the men have other partners. However, unlike men, women felt that their male partners are trying to protect them (the women) from diseases or that the men suspect that the women have other partners and are trying to protect themselves. The major difference between men and women was that women were not angry like men and did not threaten to dump the men; in some cases, they even felt that such a proposal from men is for the protection of women.

You may think that your partner has sexually transmitted diseases and he wants to protect you from getting them.

(Female regular teacher)

You may think your partner is suspecting that you have sexually transmitted diseases or that he knows you might get pregnant, so he wants to use condom...that is fine because he is trying to protect you.

(Female regular teacher)

Men and women, in different ways, agreed that if women have multiple partners, they dare not say that to their male partners. Asking for dual methods, according to men and women, suggests that women have multiple partners.

DISCUSSION: GENDER, POWER AND MULTI-PARTNER SEX

Gender relationships in a given society, in this case Dodowa, determine who can ask for dual methods, and whether or not they will be able to adopt it. Other problems such as poverty, unemployment, and lack of opportunities for education or job training intersect to reinforce existing gendered power differentials and encourage young people to engage in early sexual activity and multiple partner sex. Data on the types of women's sexual partners and their reasons for having them, and men and women's reactions to adoption of dual protection through the use of dual methods, present a picture of the unequal environment in which women and men operate and how that inequality impacts their sexual behavior. In particular, men's unwillingness to use condoms and adopt dual methods with regular partners, their reluctance to acknowledge women's multi-partner sex, women's inability to insist on dual methods or condoms alone, their powerlessness to refuse unprotected sex, their apprehension to reveal that they have other partners—all are either directly linked to or results of gender inequality or gender norms that favor men over women.

Male multi-partner sex is often acknowledged, and at times encouraged, in many societies. AIDS research has shed new light on the extent and prevalence of male multi-partner sex, including simultaneous partners. Female multi-partner sex is socially prohibited almost everywhere, and research knowledge regarding women's simultaneous partners is limited to that of sex workers. Social sanctions against women's multi-partner sex have implications for dual method use, since women are afraid of discussing it because of their concern regarding the repercussions, which may range from physical violence to abandonment. We observed this phenomenon repeatedly in our discussions with men and women. Men were unwilling to acknowledge that women might have multiple partners. Women reported that they were afraid to admit that they do have multiple partners.

CONCLUSIONS

In Dodowa, as in many other places, men and women operate and have sexual relationships in a social environment of inequality where there are no foundations for negotiation and communication between partners to adopt safer sexual behaviors, including dual methods. Socially, women are in a disadvantageous position: they need to prove to their men that they “really love them” by having unprotected intercourse, risking STIs and HIV or unwanted pregnancy/unsafe abortion; they dare not accuse their male partners even when they do suspect them based on evidence; they are always afraid that they may be “suspected and dumped”; they cannot speak of their multiple partners as the men do because gender norms do not allow them

to do so. As long as women have to operate under such conditions, they are not in a position to ask for dual methods. Unless these issues are addressed, dual methods, or for that matter even contraception, would not become an acceptable inherent part of sexual behaviors.

Following are some of the specific findings that need to be addressed in dual protection programs:

Condom Use

- Men use condoms for their own protection but not for their partners' protection.
- Men often refuse to use condoms with regular partners.
- Men do not like women providing condoms in short-term relationships, although they do not mind using them in such relationships.
- Even those men who are determined to use condoms do not use them consistently for various reasons.

Dual Methods, Dual Protection and Gender

- In a social environment in which women's multi-partner sex is socially sanctioned, **the introduction of dual methods for dual protection introduces distrust into sexual relationships** because men interpret a woman's request for condom use in addition to a female-controlled method as a sign that she has multiple partners. Women are aware that men will interpret it that way and so hesitate to ask.
- **Men and women lie about their multiple partners.** Men often lie about their other partners and tell the women that they are pursuing that they are the "only woman" in order to convince them to have sex. Women do not tell any of their partners that they have other partners.

RECOMMENDATIONS

To achieve safer practices, it is important to encourage ideas that foster an environment in which men and women are equal partners and are able to communicate without fear. Referring to linkages between partner violence and HIV, a recent study carried out in Tanzania recommended that it is imperative that men and women develop an "ethic of respect...for the health and well being of their intimate partners" (Maman et al. 2001). This research demonstrates that men and women, for different reasons at different times, do not show concern and respect for each other's protection, and that gender norms and inequity are at the root of that behavior. Encouraging mutual respect and responsibility between partners have to be cornerstones of dual protection programs. Just as it happened for male multi-partner or male-male sex during the 1980s and 1990s in North America and Western Europe, acknowledging and addressing female multi-partner sex will lead to better ways of dealing with the adoption of

HIV prevention methods. In HIV prevention programs that focus on dual protection, public health practitioners should work with the aim of changing gender norms, in addition to providing knowledge and access. To foster an equitable environment, men and women need to be encouraged to acknowledge the realities of their sexual relationships and address the issue of multi-partner sex from a prevention standpoint. It will not be easy to deal with the emotions associated with this acknowledgement and the fear of mistrust that accompanies. Men and women will require assistance in dealing with such situations. Yet integrating gender concerns into dual protection efforts and working towards a balance of power in sexual/gender relationships should be the driving force in dual protection programs. These elements will be vital for programs' success.

References

- Afenyadu, Dela and Lakshmi Goparaju. 2001. "The Ghana National Teachers Association and the CEDPA/Ghana Initiative: Baseline Research in Dodowa. Draft Report."
- Bawah, Ayaga Agula et al. 2001. "Women's Fears and Men's Anxieties: The Impact of family Planning on Gender Relations in Northern Ghana," *Studies in Family Planning* 30(1): 54-66.
- Berer, Marge. 1997. "Dual Protection: Making sex safer for women," in *Beyond Acceptability: Users' Perspectives on Contraception*, London: Reproductive Health Matters for World Health Organization. pp109-121.
- Blanc, Ann. 2001. "The effect of power in sexual relationships on sexual and reproductive health: An examination of the evidence," *Studies in Family Planning* 32(3): 189-213.
- Blanc, Ann and Steve Grey. 2000. *Greater than expected fertility decline in Ghana: An examination of the evidence*. Calverton, MD: Macro International Inc and National Population Council Secretariat [Ghana].
- Bosompra, Kwadwo 2001. "Determinants of condom use intentions of university students in Ghana: An application of the theory of reasoned action," *Social Science & Medicine* 52 (2000).
- BRIDGE. 1994. *Background paper on gender issues in Ghana*. Institute of Development Studies: Brighton UK.
- Cates, Willard, Jr., and Jeffrey Spieler. 2001. "Contraception, unintended pregnancies, and sexually transmitted infections: Still no simple solutions," *Sexually Transmitted Diseases* 2001; 28:552-554.
- Ghana Statistical Service (GSS) and Macro International Inc. (MI) 1999. *Ghana Demographic and Health Survey 1998*. Calverton, MD: Macro International.
- Gupta, Geeta Rao and Ellen Weiss. 1993. "Women's Lives and Sex: Implications for AIDS Prevention," *Culture, Medicine and Psychiatry* 17:399-412.
- International Planned Parenthood Federation. 2000. "IMAP Statement on dual protection against unwanted pregnancy and sexually transmitted infections, including HIV," *IPPF Medical Bulletin* 34(4):1.

Luke, Nancy and Kathleen Kurz. 2002. *Cross-generational and Transactional Sexual Relations in Sub-Saharan Africa: Prevalence of Behavior and Implications for Negotiating Safer Sexual Practices*. Washington DC: ICRW.

Maman, S. et al. 2001. *HIV and Partner Violence*. Population Council: New York, NY.

Silberschmidt, Margrethe and Vibeke Rasch. 2001. "Adolescent girls, illegal abortions and "sugar-daddies" in Dar es Salaam: Vulnerable victims and active social agents," *Social Science & Medicine* 52 (2001), 1815-1826.

Spieler, J. 2000. "Setting the Stage." Paper presented at USAID Open Forum on Dual Protection.

Thomson, Rachel and Janet Holland. 1994. "Young Women and Safer (Hetero) Sex: Context, Constraints and Strategies," in *Women and Health: Feminist Perspectives*, ed. S. Wilkinson and C. Kitzinger. London: Taylor and Francis.

Woodsong, Cynthia and Helen P Koo. 1999. "Two good reasons: Women's and men's perspectives on dual contraceptive use," *Social Science and Medicine* 1999: 49: 567-580.

WHO/UNAIDS/UNFPA. 2000. "Dual protection against unwanted pregnancy and sexually transmitted infections, including HIV," Geneva: World Health Organization, August 16.